

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Gabino Genao

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

NYC Dept of Corrections, Mailroom
officers of N.I.C., Mailroom officers
of O.B.C.C., Warden Sharlisa Walker N.I.C.,
Warden Freeman of OBCC

Do you want a jury trial?
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

RECEIVED
SDNY PRO SE OFFICE
2020 MAR 19 PM 3:36

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Gabino

First Name

Middle Initial

Genao

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

113-17-00734

NYSID# 04570951M

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

North Infirmary Command

Current Place of Detention

1500 Hazen St.

Institutional Address

East Elmhurst

County, City

NY

State

11370

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

WARDEN WALKER

First Name

Last Name

Shield #

WARDEN of (N.I.C.)

Current Job Title (or other identifying information)

1500 HAZEN ST.

Current Work Address

EAST Elmhurst

NY

11370

County, City

State

Zip Code

Defendant 2:

WARDEN

Freeman

First Name

Last Name

Shield #

WARDEN of O.B.C.C.

Current Job Title (or other identifying information)

1600 HAZEN ST.

Current Work Address

EAST Elmhurst

NY

11370

County, City

State

Zip Code

Defendant 3:

John / Jane Doe

First Name

Last Name

Shield #

MAILROOM OFFICERS (N.I.C.)

Current Job Title (or other identifying information)

1500 HAZEN ST.

Current Work Address

EAST Elmhurst

NY

11370

County, City

State

Zip Code

Defendant 4:

John / Jane Doe

First Name

Last Name

Shield #

1600 HAZEN ST.

Current Job Title (or other identifying information)

~~1600 HAZEN ST.~~ MAILROOM OFFICERS

Current Work Address

EAST Elmhurst

NY

11370

County, City

State

Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Mailroom N.I.C / O.B.C.C.

Date(s) of occurrence: Approx- 12/27/18 Approx- 1/16/19 - 1/27/19

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

- On 12/27/18 approx 12:30pm - 3pm I gave (6) pieces of (Article 75) Legal Mail (Certified Mail) to Mailroom Officer Rodriguez - In the presence of C.O. Knepple, C.O. Morgan and Capt. Smith by the LAW Library enclosed in manilla envelopes. They were appeals for an incident that occurred 10/25/18. Upon the hearing being finalized I submitted the Appeal the Next Day 12/27/18. That mail Did not go out from N.I.C in a timely fashion. Causing a Delay in my submissions. That mail was apparently transferred to O.B.C.C. one full month later. Why? and most importantly How?

- The next appeal I submitted on January 18-22, 2019 to Ms. Sands (Mailroom C.O.) at my Cell 47 4SW 3-11 tour. (3) white envelopes along with (3) Inmate withdrawal fund slips already filled out & signed, ready to go out Certified Mail. The receipts I recieved back falsely states that the mailroom recieved my outgoing mail on 1/16/19 and were all forged signatures completely different forms than the ones I handed to C.O. Sands.

★ The Dept Staff are intentionally tampering with my legal mail as well as interfering with my Right to communicate with the outside world. ★

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Federal U.S. Mail Fraud Title 18

Violation of My 4th, 8th and 14th Amendment.

Delays of Submission of my claims and appeals.

Which resulted in me unfairly remaining in ESH, PSEG housing as well as Booth Visitation.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

\$100,000.00 USD - One hundred Thousand Dollars.

Cash Compensation and Punitive Damages.

Actions against the Department and its Staff.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.



I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>2/22/20</u>		<u>G. Genao</u>
Dated		Plaintiff's Signature
<u>Gabino</u>		<u>Genao</u>
First Name	Middle Initial	Last Name
<u>1500 HAZEN ST.</u>		
Prison Address		
<u>EAST ELMHURST</u>	<u>NY</u>	<u>11370</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 2/22/20

ATTACHMENT - C

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		Form.: 7102R Eff.: 9/14/18 Ref.: Dir. 3376R-A	
DISPOSITION FORM			

Grievance Reference #: 190867	Date Filed: February 14, 2019	Facility: OBCC-4 Southwest
Inmate Name: Genao, Gabino	Book and Case#: 113-17-00734	Category: Correspond/Mail

From OCGS Inmate Statement Form, print or type short description of grievance:

"Today I received copies of Certified Mail I sent over a month ago. Problem is the ones dated 12/27/18 were not sent from the facility that I originally sent them from (N.I.C.) which allowed me to believe my mail was tampered with (Legal Mail) The mail were appeal's and complaints form the Dept. abuse of power and misconduct. Funds were withdrawn 2/1/19."

Action Requested by Inmate:

"Investigation to commence on why my mail was sent late."

STEP 1: FORMAL RESOLUTION

Check one box: ☒ Grievance ☐ Submission is not subjected to the Grievance Process


The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.

OCGS conducted an investigation and informed Mr. Genao that according to RICC as well as the OBCC mail room staff; all of Mr. Genao's "Certified Mail" was processed accordingly and in a timely manner in spite of his movement. Although Mr. Genao moved from facility to facility; it has been proven that his "Certified Mail" was indeed processed and receipts were forwarded to Mr. Genao's current facility (at any given time) for his own records. However; OCGS did notice a lengthily period of processing time for Certified Mail submitted by Mr. Genao on 12/27/2018 which was not processed by DOC until 1/28/19 and then by USPS on 2/1/19. OCGS concludes the matter of untimely in processing of "Certified Mail" to be substantiated."




CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE
(Failure to sign forms will forgo your right to appeal the proposed resolution.)

☐ Yes, I accept the resolution ☐ No ☐ I request to appeal the resolution of this grievance to the Commanding officer.

Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.

Inmate's Signature:	Date:
<input type="checkbox"/> Preliminary Review Requested	
Grievance Coordinator/Officer Signature:	Date:
	FEB 21 2019 2020 MAR 5 1 11 PM RECEIVED

ATTACHMENT - C

	CITY OF NEW YORK - DEPARTMENT OF CORRECTION		
	OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES	Form.: 7102R Eff.: 9/14/18 Ref.: Dir. 3376R-A	
	DISPOSITION FORM		
Grievance Reference #: 190867	Date Filed: February 14, 2019	Facility: OBCC-4 Southwest	
Inmate Name: Genao, Gabino	Book and Case#: 113-17-00734	Category: Correspond/Mail	
From OCGS Inmate Statement Form, print or type short description of grievance:			
<p><u>"Today I received copies of Certified Mail I sent over a month ago. Problem is the ones dated 12/27/18 were not sent from the facility that I originally sent them from (N.I.C.) which allowed me to believe my mail was tampered with (Legal Mail) The mail were appeal's and complaints form the Dept. abuse of power and misconduct. Funds were withdrawn 2/1/19."</u></p>			
Action Requested by Inmate:			
<p><u>"Investigation to commence on why my mail was sent late."</u></p>			
STEP 1: FORMAL RESOLUTION			
Check one box: <input checked="" type="checkbox"/> Grievance <input type="checkbox"/> Submission is not subjected to the Grievance Process			
The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.			
<p><u>OCGS conducted an investigation and informed Mr. Genao that according to RICC as well as the OBCC mail room staff; all of Mr. Genao's "Certified Mail" was processed accordingly and in a timely manner in spite of his movement. Although Mr. Genao moved from facility to facility; it has been proven that his "Certified Mail" was indeed processed and receipts were forwarded to Mr. Genao's current facility (at any given time) for his own records. However; OCGS did notice a lengthy period of processing time for Certified Mail submitted by Mr. Genao on 12/27/2018 which was not processed by DOC until 1/28/19 and then by USPS on 2/1/19. OCGS concludes the matter of untimely in processing of "Certified Mail" to be substantiated."</u></p>			
CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE <i>(Failure to sign forms will forgo your right to appeal the proposed resolution.)</i>			
<input type="checkbox"/> Yes, I accept the resolution <input type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer.			
<small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.</small>			
Inmate's Signature:		Date:	
<input type="checkbox"/> Preliminary Review Requested			
Grievance Coordinator/Officer Signature:		Date:	
		February 21, 2019	



CITY OF NEW YORK - DEPARTMENT OF CORRECTION



OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM

Form.: 7101R-A
Eff.: 9/14/18
Ref.: Dir. 3376R-A

Inmate's Name: <u>GABINO GENAO.</u>	Book & Case #: <u>113-17-00734</u>	NYSID #:
Facility: <u>OBCC</u>	Housing Area: <u>4SW</u>	Date of Incident: <u>2/7/19</u>
		Date Submitted: <u>2/12/19</u>

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

Today I recieved copies of Certified Mail I sent over a month ago. Problem is the ones Dated 12/27/18 were not sent from the facility that I originally sent them from (N.I.C) which allow me to believe my mail was tampered with. (Legal Mail) the Mail were appeal's and complaints from the Dept. Abuse of Power and Misconduct. Funds were withdrawn 2/1/19

Action Requested by Inmate:

Investigation to commence on why my mail was sent late

Please read below and check the correct box:

Do you agree to have your statement edited for clarification by OCGS staff?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Did you require the assistance of an interpreter?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Inmate's Signature:

G. Genao

Date of Signature:

2/7/19

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP CITY DEPT CORRECTION CONSTITUENT & GRIEVANCE SERVICES 2019 FEB 14 P 3:2	Grievance Reference # <u>190867</u>	Category: <u>Correspondence/Mail</u>
	Office of Constituent and Grievances Services Coordinator/Officer Signature: <u>(Signature)</u>	

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Gabino Genao
INMATE NAME

113.17.00734
BOOK & CASE NUMBER

GRMC
FACILITY

11/25/18
DATE



6.20
WITHDRAWAL AMOUNT
(filled out by USPS employee)

MAILED TO:

Board of Corrections

NAME

51 Chambers St Rm 923

NY
CITY

NY
STATE

10007
ZIP CODE

[Signature]
INMATE SIGNATURE

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

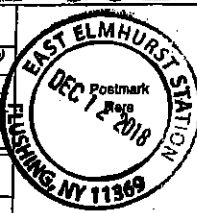
Total Postage and Fees

Sent To

Board of Corrections
51 Chambers St Rm 923
NY NY 10007

PS Form 3800, April 2015 Edition (5010-108-000-9047)

See Reverse for Instructions



*Doc processed
11/25/18
USPS processed
12/12/18*

INMATE REQUEST FOR WITHDRAWAL FUNDS FOR POSTAGE

Gabino Genn
INMATE NAME

113-1700734
BOOK & CASE NUMBER

GRVC
FACILITY

190 90
94 85
NIC

DATE



WITHDRAWAL AMOUNT
(filled out by USPS)

white envelope

11/21/18

Stand 6-20

2

MAILED TO:

NYC Board of Correction
NAME

1 Centre Street, Rm 2213 NY
ADDRESS CITY

NY
STATE

10002
ZIP CODE

Doc processed 11/25/18
USPS processed 12/12/18

G. Genn
INMATE SIGNATURE

COMMENTS TO INMATE

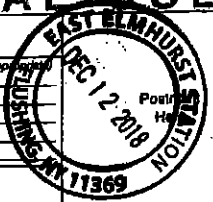
U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com
OFFICIAL USE

- Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage and Fees \$

Sent To NYC Board of Correction
Street and Apt. No., or PO Box No. 1 Centre St. Rm 2213
City, State, ZIP+4® NY NY 10002



letter

Note: Mailroom Office

E940 1500 0000 0292 2102

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Giabino Genao
INMATE NAME

113-17-00734
BOOK & CASE

NYC
FACILITY

November 27, 2018
DATE

6.70
WITHDRAWAL AMOUNT



*white
canceled
12/2/18
6.70*

MAILED TO:

Office of the NYC Comptroller
NAME

1 Centre St.
ADDRESS

New York
CITY

NY
STATE

10007
ZIP CODE

G. Genao
INMATE SIGNATURE

[Signature]
DEBITED BY (CASHIER)

5394 1024 1000 DEPT 9102

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Postage and Fees
\$

Sent to
Office of the NYC Comptroller
Street and Apt. No., or PO Box No.
Centre Street
City, State, ZIP+4®
New York, NY 10007

PS Form 3800, April 2015 See Reverse for Instructions

*Dec processed
12/2/18
USPS processed
12/12/18*

NOTE: Mailroom Officer forwards this request to RICG along with each request

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGEGrabino Genao
INMATE NAME1131700734
BOOK & CASENIC
FACILITYNovember 27, 2018
DATE6.91
WITHDRAWAL AMOUNT

MAILED TO:

Office of the NYC Comptroller
NAME1 Centre St
ADDRESSNew York
CITYNY
STATE10007
ZIP CODEG. Genao
INMATE SIGNATURE[Signature]
DEBITED BY (CASHIER)

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$

☐ Return Receipt (electronic) \$

☐ Certified Mail Restricted Delivery \$

☐ Adult Signature Required \$

☐ Adult Signature Restricted Delivery \$

Postage \$

Total Postage and Fees \$

Office of the NYC Comptroller
Street and Apt. No., or PO Box No.
1 Centre Street
City, State, ZIP+4[®]
New York NY 10007

PS Form 3800, April 2015 See Reverse for Instructions

6424 1130 0002 2529 4739

7018

DEC 12 2018
EAST ELMHURST STATION
Postmark Here

USPS processed 12/2/18

USPS processed 12/2/18

NOTE: Mailroom Officer forwards this request to RICC along with each request

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Genao Gabino
INMATE NAME

1131700734
BOOK & CASE

NYC
FACILITY

~~xxxx~~ 12/27/18
DATE

7.75
WITHDRAWAL AMOUNT

*leave
telling
every day*

1/27/19
725

*Doc processed
1/27/19*

MAILED TO:

NYC Dept of corrections Legal Division Bulova Bldg
NAME

75-20 Astoria Blvd East Elmhurst NY 11370
ADDRESS CITY STATE ZIP CODE

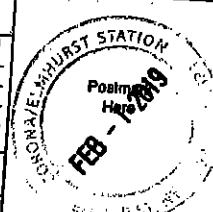
[Signature]
INMATE SIGNATURE

[Signature]
DEBITED BY (CASHIER)

976 4252 2000 DETT 9702

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	
Total Postage and Fees	
NYC Dept. of Corr. Legal Division 75-20 Astoria Blvd East Elmhurst NY 11370	

PS Form 3800, April 2013 E



*USPS Processed
2/1/19*

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Genao Galano
INMATE NAME

113 1700 734
BOOK & CASE

NIC
FACILITY

TX: 12/27/18
DATE

7.75
WITHDRAWAL AMOUNT

large yellow envelope

1/27/19
7.25

Doc Processed
1/27/19

USps processed
2/1/19

MAILED TO:

Rikers Island Judicial center
NAME

160 East 4th Street
ADDRESS CITY STATE ZIP CODE
East Elmhurst NY 11370

[Signature]
INMATE SIGNATURE

DEBITED BY (CASHIER)

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage \$
Total Postage and Fees \$

Postmark
EAST ELMHURST, NY 11370 FEB -1 2019

12 Rikers Island Judicial Center
160 East 4th St
East Elmhurst, NY 11370

PS Form 3800, April 2013

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Genao Galano
INMATE NAME

113 1700 734
BOOK & CASE

NIC
FACILITY

xxx 12/27/18
DATE

7.75
WITHDRAWAL AMOUNT

MAILED TO:

Brnx Supreme Court writ expeditor
NAME

265 East 161st Brnx NY 10451
ADDRESS CITY STATE ZIP CODE

[Signature]
INMATE SIGNATURE

DEBITED BY (CASHIER)

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage

Total Postage and Fees

Sender

Street and Apt. No., or PO Box No.

City, State, ZIP+4®

Brnx NY 10451

PS Form 3800, April 2015 PSN 7530-02-000-9002

FEB - 1 2019
Post Office
Here
NY 11373-9557 USNY

7018 1130 0002 2529 4968

See Reverse for Instructions

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Genao Galano
INMATE NAME

113 1700 734
BOOK & CASE

N16 OB
FACILITY

X 12/27/18
DATE

7.75
WITHDRAWAL AMOUNT

Large yellow envelope

1/27/19
7.75

Doc Processed
1/27/19

MAILED TO:

NYC Dept of Correction Legal Division Bulova Bldg
NAME

75-20 Astoria Blvd East Elmhurst NY 11370
ADDRESS CITY STATE ZIP CODE

USPS Processed
2/1/19

[Signature]
INMATE SIGNATURE

[Signature]
DEBITED BY (CASHIER)

7012 1130 0002 2529 4784

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

For delivery information, visit our website at usps.com

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery \$
 Postage \$
 Total Postage and Fees \$

Postmark Here
FEB - 1 2019
ELMHURST, NY 11373-9997 USPS

Sent To
NYC Dept. of Corr Legal Division
75-20 Astoria Blvd.
East Elmhurst, NY 11370
 PS Form 3800, April 2015 PSN 7530-01-000-9045 Get Reverse for Instructions

NOTE: Mailroom Off.

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Genao Gabino
INMATE NAME

1131700734
BOOK & CASE

NIC OB
FACILITY

~~XXXX~~ 12/27/18
DATE

7.75
WITHDRAWAL AMOUNT

*Large
colored
envelope*

1/27/19
7.75

*Doc Processed
1/27/19
USPS Processed
2/1/19*

MAILED TO:

Bronx Supreme Court Writ Expeditor
NAME

265 East 161st Bx NY 10451
ADDRESS CITY STATE ZIP CODE

[Signature]
INMATE SIGNATURE

[Signature]
DEBITED BY (CASHIER)

1564 6252 2880 OCT1 9102

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) <input type="checkbox"/> Return Receipt (electronic) <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery	Postmark FEB - 1 2019 CORONA/ELMHURST STATION NY 11373-9997 USPS
Total Postage and Fees \$ Service Bronx Supreme Court / Writ Exp 265 East 161st Bx NY 10451	

NOTE: Mailroom Officer forwards this request to DTCC along with

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Genao Galano
INMATE NAME

113 1700 734
BOOK & CASE

NYC
FACILITY

X 12/27/18
DATE

7.75
WITHDRAWAL AMOUNT

*Last floor
cell
cell*

*1/27/19
7-25*

*Doc processed
1/27/19
USPS processed
2/1/19*

MAILED TO:

Rikers Island Judicial center
NAME

160 East 4th Street East Elmhurst NY 11370
ADDRESS CITY STATE ZIP CODE

[Signature]
INMATE SIGNATURE

[Signature]
DEBITED BY (CASHIER)

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com	
OFFICIAL USE	
Certified Mail Fee \$ Extra Services & Fees (check box, add fee as appropriate) <input type="checkbox"/> Return Receipt (hardcopy) \$ <input type="checkbox"/> Return Receipt (electronic) \$ <input type="checkbox"/> Certified Mail Restricted Delivery \$ <input type="checkbox"/> Adult Signature Required \$ <input type="checkbox"/> Adult Signature Restricted Delivery \$ Postage \$ Total Postage and Fees \$	ELMHURST STATION ELMHURST, NY 11370 FEB - 1 2019 Postmark Here
Sent To <u>Rikers Island Judicial Center</u> Street and Apt. No., or PO Box No. <u>160 East 4th St.</u> City, State, ZIP+4® <u>East Elmhurst, NY 11370</u>	
PS Form 3800, April 2015 PSN 7-000-02-000-000-000 See Reverse for Instructions	

7018 1130 0002 2529 4944

Grenad, Gabino
INMATE NAME

113-17-00734
BOOK & CASE NUMBER

GBVC
FACILITY

1/16/19
DATE

u.85
WITHDRAWAL AMOUNT
(filled out by USPS employee)

white envelope
1/27/19
6.85

OBCL

MAILED TO:

Rikers Island Judicial Center
NAME

160 E. 4th St. E. Elmhurst NY 11375
ADDRESS CITY STATE ZIP CODE

[Signature]
INMATE SIGNATURE

COMMENTS TO INMATE:

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CERTIFIED MAIL - RETURN RECEIPT
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Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage \$
Total Postage and Fees \$

Postmark Here

Post to:
Rikers Island Judicial Center
160 East 4th St.
East Elmhurst, NY 11375

PS Form 3800, April 2015 See Reverse for Instructions

Doc processed
1/27/19

USPS processed
2/1/19

Note: Mailroom Officer for

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Geras, Gabriel

INMATE NAME

BOOK & CASE NUMBER

113-17-00734

GRV
FACILITY

DATE

1/16/19

1/27/19

6.85

WITHDRAWAL AMOUNT

(filled out by USPS employee)

MAILED TO:

Bronx Supreme Court (Wait Expeditor)

NAME

265 E. 161st St. Box

ADDRESS

CITY

STATE

NY

ZIP CODE

10451

G. Geras

INMATE SIGNATURE

COMMENTS TO INMATE:

Note: Mailroom Officer forwa

U.S. Postal Service

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Extra Services & Fees (check box, add fee as appropriate)

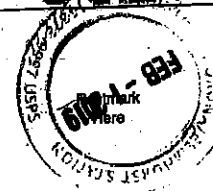
☐ Return Receipt (hardcopy)
☐ Return Receipt (electronic)
☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage

Total Postage and Fees

Send To
 Bronx Supreme Court (Wait Expeditor)
 Street and Apt. No. or PO Box No.
 265 East 161st St
 City, State, ZIP+4®
 Bronx, NY 10451

PS Form 3800, April 2013



Dec processed
 1/27/19
 USPS processed
 2/1/19

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Gabino Genao
INMATE NAME

113-17-00734
BOOK & CASE

OBCC
FACILITY

January 24 2019
DATE

7.15
WITHDRAWAL AMOUNT

white envelope

1/26/19

7-15

Doc Processed 1/26/19

MAILED TO:

Rikers Island Judicial Center
NAME

160 East 4th St. East Elmhurst
ADDRESS CITY

NY
STATE

11370
ZIP CODE

G. Genao
INMATE SIGNATURE

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☐ Certified Mail Restricted Delivery
☐ Adult Signature Required
☐ Adult Signature Restricted Delivery

Postage

Total Postage and Fees

Sent to

Rikers Island Judicial Center
160 East 4th Street
East Elmhurst NY 11370

PS Form 3800, April 2015



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NOTE: Mailroom Officer forwards this request to RICC along with each parcel

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGE

Gabino GENAO
INMATE NAME

113-17-00734
BOOK & CASE

OBCC
FACILITY

January 28, 2019
DATE

7.15
WITHDRAWAL AMOUNT

*white
canceled*

1/28/19

7-15

*Doc processed
1/28/19*

MAILED TO:

NYC Dept. of Corr/Legal Division Bulova Building
NAME

75-20 Astor BLVD East Elmhurst
ADDRESS CITY

NY

11370
ZIP CODE

G. Genao
INMATE SIGNATURE

[Signature]

DEBITED BY (CASHIER)

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☐ Return Receipt (hardcopy) ☐

☐ Return Receipt (electronic) ☐

☐ Certified Mail Restricted Delivery ☐

☐ Adult Signature Required ☐

☐ Adult Signature Restricted Delivery ☐

Postage

Total Postage and Fee

Bent To

NYC Dept. of Corr/Legal Division

Street and Apt. No., or PO Box No.

75-20 Astoria BLVD

City, State, ZIP+4[®]

East Elmhurst NY 11370

PS Form 3800, April 2015 PSN 7530-01-000-9042 See Reverse for Instructions

CORONA ELMHURST STATION
Postmark
FEB 14 2019
ELMHURST, NY 11370-9902

7016 2710 0000 7072 7276

*USPS processed
2/2/19*

NOTE: Mailroom Officer forwards this request to RICC along with each parcel

INMATE REQUEST FOR WITHDRAWAL OF FUNDS FOR POSTAGEGabino Genao
INMATE NAME113-17-00734
BOOK & CASEOBGC
FACILITYJanuary 28 2019
DATE7.15
WITHDRAWAL AMOUNT

MAILED TO:

Bronx Supreme Court Writ Expeditor
NAME265 East 161st
ADDRESSBronx
CITYNY10451G. Genao
INMATE SIGNATURE[Signature]
DEBITED BY (CASHIER)

U.S. Postal Service CERTIFIED MAIL RECEIPT Domestic Mail Only	
For delivery information, visit our website at usps.com	
OFFICIAL USE	
Certified Mail Fee	
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent to <u>Bronx Supreme Court Writ Expeditor</u> Street and Apt. No., or PO Box No. <u>265 East 161 St.</u> City, State, ZIP+4® <u>Bronx, New York 10451</u>	
PS Form 3800, April 2015 edition PSN 7530-01-000-9002 See Reverse for Instructions	

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USPS Processed 2/2/19

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Gabino Genao

113-17-00734

1500 HAZEN ST.

EAST ELMHURST, NY 11376

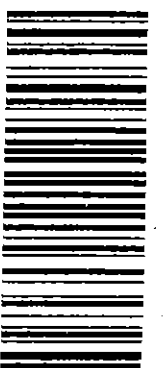
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SDNY

United States District Court
Southern District of New York
500 Pearl St.
New York, NY 10007

7017 0530 0000 7161



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